



Letter of Agreement for Postpartum Doula Services

I (Client's Name) _____
residing at _____
hereby choose to contract with _____
for Postpartum Doula services on or about (Estimated Date of Birth or Start Date) ____/____/____.

All Bloom Baby affiliated Doulas are self-employed, independent, non-medical care providers. Their support services do not replace medical care or advice from your Doctor.

Your Postpartum Doula Package includes:

- Phone and email support as needed throughout the working relationship
- One 60 minute prenatal visit to discuss your postpartum plans & expectations
- In-home support following the birth/adoption of your child, with a minimum contract of 20 hours
- Guaranteed back-up, arranged directly by your Postpartum Doula

Scope of Services & Limitations

Your Postpartum Doula will provide:

- Physical and emotional support, being attentive to your wishes and concerns
- Self-care support, and information regarding typical postpartum recovery
- Practical assistance and educational support regarding infant care, soothing, feeding, etc.
- Breast/Bottle feeding support and resources
- Assistance with preparation of nutritious meals and snacks
- Light household chores, tidying and organization
- Assistance with sibling care and adjustment
- Resources for needs beyond scope of practice

Your Postpartum Doula will not:

- Perform any medical assessment, evaluation, or tasks for you or your baby
- Provide transportation for parent, baby, or any family member
- Perform major cleaning tasks, such as cleaning windows, oven, refrigerator, etc.
- Provide exclusive childcare, a parent or guardian must be present in the home

I understand and accept the scope of services & limitations as outlined above. _____ Initial

Scheduling

Each daytime shift will consist of no less than 4 hours, and each overnight shift will consist of no less than 10 hours, with a minimum contract of 20 hours. For billing purposes, an hour is considered to begin upon arrival at your home at a previously scheduled time. Further scheduling details and record of service hours completed will be the direct responsibility of your Doula and will not be held by Bloom Baby.

Please give your Doula a minimum of 36 hours notice prior to the first date/time of service. Prompt notification is especially important if you wish for her to be present the first day you are home. Once services have begun, your Doula requires at least 24 hours notice for cancellations. In the event that less than 24 hours notice is given, you will be billed for the scheduled time.

Both parties agree to communicate *prior to the scheduled visit* if any member of their household has a contagious illness. This allows both parties to make decisions about their own family's health and also allows your Doula to consider other families she may be supporting. Your Doula reserves the right to reschedule the visit if anyone in your home is unwell.

Every reasonable effort will be made by your Doula to keep the agreed upon days/times you have scheduled. Sometimes, for reasons outside our control, this is impossible (ie: illness, personal or family emergencies, severe weather, ect). In such cases your Postpartum Doula will contact you directly and will reschedule the time as soon as she is able. Whenever possible your Doula will also offer Back-up for the previously scheduled day/time.

Upon completion of this contract, you may contract for additional hours pending your Postpartum Doula's availability. **All requests must be received at least 1 week in advance and paid in full prior to continued services.** Please contact Bloom Baby directly so that we may issue a new active invoice promptly and avoid any interruptions to service.

I understand and accept the scheduling policies as outlined above. _____ Initial

Fees

I acknowledge that my chosen affiliated Doula is an Independent Contractor with Bloom Baby as a Tier _____ Postpartum Doula, and hereby agree to contract for: _____ Daytime Hours and/or _____ Overnight Hours, at a rate of \$ _____ per hour. I accept that these hours must be completed within _____ weeks following the previously estimated DOB or Start Date of ___/___/____.

- For minimum contracts of 20 hours, the total fee is due upon contract signing, 50% of which is considered a non-refundable retainer.
- For all other contracts, a 50% non-refundable retainer is due upon contract signing. The balance is due following the first day/night of service.

The total fee for the services described in this Letter of Agreement is \$_____. The (50%) non-refundable retainer for these services is \$_____. The (50%) balance of \$_____ is due (Circle One) upon contract signing / following the first day of service. If the full balance is not paid, services will cease.

Following receipt of this signed agreement, you will receive an active invoice with instructions to submit your secure payment(s) online. Payment must be submitted to Bloom Baby LLC. Services are not guaranteed until a signed contract and payment are received.

I understand and accept all fees & payments as outlined above. _____Initial

Cancelation & Refund Policy

If for any reason you decide not to work with your chosen Bloom Baby affiliated Postpartum Doula after signing this agreement, it may be canceled up to 21 days prior to the estimated start date. Requests for cancellation must be sent in writing to Bloom Baby. The full non-refundable retainer will be kept by your Doula and Bloom Baby. If any balance has been paid, you will receive a refund in that amount.

For cancellations less than 21 days prior to the estimated start date and/or once the balance has been paid, no refunds will be issued *unless* your affiliated Postpartum Doula is found to be neglectful of the terms and obligations outlined in this contract. In the event this arises, please contact Bloom Baby directly in writing so that we may assist you in a timely resolution.

In the rare and unfortunate event of a loss of life, or medical emergency that prevents the terms of this agreement from being carried out, please notify your Doula. In this scenario, a refund of unused hours will be considered on a case by case basis.

I understand and accept the cancellation policies as outlined above. _____Initial

Release

I acknowledge that all Bloom Baby affiliated Doulas are self-employed, independently contracted, and carry their own professional liability insurance, which will cover them during our working relationship. I further understand that all scheduling, records of service hours, and completion of the services specified herein will be the direct responsibility of my chosen Postpartum Doula.

In the event of severe weather, natural disaster, public health crisis, or other state of emergency, I understand that access to roads may be limited and/or hospitals and birthing center policies may change, keeping my Doula from being physically present. In such circumstances, my Doula will remain on call for me and provide virtual support (video chat, text, phone, etc.), and/or make up visits, when it is safe and permitted to do so. In such circumstances, no refunds will be issued and any unpaid balances will still be due.

I hereby release and discharge Bloom Baby, LLC from any and all claims arising from my postpartum recovery and the health & well-being of myself/my family, to the fullest extent permitted by law.

In the unlikely event that a dispute should occur between myself and my independently contracted Bloom Baby affiliated Postpartum Doula. I will first contact Bloom Baby directly to resolve the situation. If no satisfactory resolution is reached, I agree that all disputes shall be resolved pursuant to New Jersey State Law. As such, I agree to mediate any dispute arising before resorting to arbitration or court action. Mediation fees, if any, shall be divided equally between myself and my independently contracted Bloom Baby affiliated Postpartum Doula.

I understand and accept the terms of release as outlined above. _____Initial

Confidentiality

For the purposes of providing the best quality care, I hereby give permission for my Postpartum Doula to document personal information that I choose to disclose regarding my family, labor, birth, and postpartum experience, as well as information about my child(ren). This information will be used primarily for the purposes of providing doula services, and may also be shared with any doula providing back-up support as well as Bloom Baby LLC. The information may be used anonymously for purposes of doula certification or recertification, and/or for statistical purposes.

I understand and accept the terms of confidentiality as outlined above. _____ Initial

COVID-19 Recommendations

With the continued impact of COVID-19, supporting our Clients and affiliated Doulas to be as safe as possible remains important to us. Based upon current information and state-wide statistics we would like to offer you the following guidelines and recommendations, to be considered as they apply.

We recommend that:

- Complimentary consultations take place virtually, or in a mutually agreed-upon space where appropriate social distancing may be maintained, *if desired*.
- Each Doula works with one client at a time *unless* there is transparency in regard to the precautions being taken (which may include discussion around vaccination status and/or Covid-19 testing) & there is mutual agreement between all potentially involved parties.
- All prenatal visits with your Birth and/or Postpartum Doula take place virtually, or in a mutually agreed-upon space where appropriate social distancing may be maintained, *if desired*.
- Clients and Doulas maintain full transparency in discussions about any potential exposure and/or developing symptoms throughout the working relationship.

I understand the COVID-19 recommendations as outlined above. _____ Initial

Additional Notes

Any changes to this agreement must be made in writing, signed by both the client and doula, then submitted to Bloom Baby for administrative approval, prior to being enacted. By signing this Letter of Agreement, I hereby acknowledge my understanding of the above terms. I accept the birth doula's scope of services and limitations, and agree to pay for the services described herein.

Client (Name Printed) _____

Signature _____ Date _____

Preferred Email/Phone # _____

Doula (Name Printed) _____

Signature _____ Date _____

Preferred Email/Phone # _____